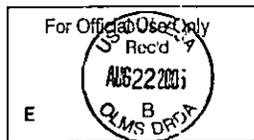


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10304</u>	2. Fiscal Year Covered From <u>09 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Anna M. Calderon</u> P.O. Box, Bldg., Room No., if any <u>#304</u> Street <u>710 S. Hobart Blvd</u> City <u>Los Angeles</u> State <u>CA</u> ZIP Code + 4 <u>90005</u>	4. Name, file number, and address of labor organization. Name <u>W.G.A. west</u> Labor Organization File Number <u>000-078</u> P.O. Box, Building and Room Number, if any _____ Street <u>7000 West Third Street</u> City <u>Los Angeles</u> State <u>CA</u> ZIP Code + 4 <u>90048</u>
5. Position in labor organization. <u>Assoc. Counsel</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ 7.b. Amount. _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/15/05</u> Date	<u>323 782 4594</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer or labor relations consultant or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Dualstar Entertainment Group, LLC

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 1801 Century Park East, 12th Floor

City LA

State CA ZIP Code + 4 90067

14.a. Nature of payment.

~~Blank~~ Various May Kate and Ashley gift items approximately valued at \$200. received by Anna Calderin and minor daughter. (9/05)

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment. \$200.-